

FY 21-22

Account: 101-058300

☐ **Transfer** (no overall change to adopted budget)
☐ **Decrease** (reducing adopted budget due to unforeseen effect on "revenue" or "expense")
☒ **Increase** (raising adopted budget due to unforeseen effect on "revenue" or "expense")
☐ **Adjustment** (correction to adopted budget due to "grant award" or "budgetary adjustment")

	Account Number	Description	Amount
TO	101-58300-520700	HEALTH INS ER COST	6,685.00
TOTAL			6,685.00

Explanation: ORIGINAL ANNUAL BUDGET WAS FIGURED SHORT ONE PERSON LEFT OUT OF FUNDING, THIS IS TO COMPLETE THE CURRENT FISCAL YEAR.

NOTE 4-19-22

Signature of County Mayor/Date

*All requests requiring committee approval are due to Sr. Financial Analyst's Office by noon on the Tuesday before the Budget Committee Meeting.